

THE DISAVOWAL OF THE BODY AS A SOURCE OF INQUIRY IN CRITICAL DISABILITY STUDIES: THE RETURN OF IMPAIRMENT?

LE DÉSAVEU DU CORPS HUMAIN COMME SOURCE D'ENQUÊTE DANS LES ÉTUDES CRITIQUES DE L'HANDICAP : LE RETOUR DE L'INFIRMITÉ?

Michael George Miceli

Abstract

This paper is a critical exploration of how the human body has been excluded or disavowed as a source of inquiry within the nascent field of Critical Disability Studies and from the social model of disability. The locus of scholarly interest has remained singularly on disability to the neglect of examining impairment. This reluctance to address issues of impairment highlights a tension within the disability rights movement on a gender axis. Men with disabilities are more concerned with focusing on “disabling” external barriers, such as unequal access and negative attitudes, at the expense of personal (and bodily) experiences of impairment, which is a concern for women with disabilities. This paper is also an attempt at giving voice to what Crow (1996) has referred to as a “return to impairment” as a means of renewing the social model of disability.

Keywords: impairment, embodiment, pain, chronic illness, corporeal disability discourse, social model of disability, “healthy disabled”

Abstrait

Ce discours est une exploration critique du processus du désaveu et de l'exclusion du corps humain en tant que source d'enquête dans le champ émergeant des Études Critiques de l'Handicap, et encore du modèle social de l'handicap. L'intérêt académique dans ce champ se focalise toujours sur l'handicap et néglige l'étude de l'infirmité. L'incertitude et l'hésitation envers les problèmes que pose l'infirmité soulignent un clivage dans le mouvement social des personnes ayant un handicap, sur base de genre. Les hommes handicapés se concernent plus avec la mise en œuvre d'un « handicap » envers les barrières externes, du genre accessibilité et les positions négatives de la société, même si leurs expériences personnelles (et corporelles) de l'infirmité souffrent. Les femmes handicapées se concernent plus avec ces expériences, et non l'environnement. Ce discours est également un essai à souligner ce que Crow (1996) appelle un « retour vers l'infirmité » en tant que moyen de renouveler le modèle social de l'handicap.

Mots clés : infirmité, corporalité, douleur, maladies chroniques, discours sur les handicaps corporels, modèle social de l'handicap, « handicaps en forme »

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Introduction

To me, what it all gets down to is bodily fluids. Okay, that's a tad flippant, but I really do think it's an important part of the story. Nature at its most unruly. Our very human essence is so damned undignified. And so uncontrollable. We spend most of our life working like fiends to maintain the illusion that we are in control, that we can tame and tidy nature. Let's face it: nature always has the last laugh. Nowhere does the old girl laugh louder than with disability and death. God forbid we human beings should ever have to get up close and personal with our unwieldy, messy, smelly humanness. In every way possible, this culture's rules and values distance us from the realities of our own bodies in all their glorious imperfection (Wade, 1997, unpaginated).

To put it bluntly—because this need is blunt as it gets—we must have our asses cleaned after we shit and pee. Or we have others' fingers inserted into our rectums to assist shitting. Or we have tubes of plastic inserted inside us to assist peeing or we have re-routed anuses and pissers so we do it all into bags attached to our bodies. These blunt, crude realities. Our daily lives....The difference between those of us who need attendants and those who don't is the difference between those who know privacy and those who don't. We rarely talk about these things, and when we do the realities are usually disguised in generic language or gimp humor. Because, let's face it: we have great shame about this need. This need that only babies and the "broken" have. ...And yes, this makes us different from you who have privacy of the body....If we are ever to be really at home in the world and in ourselves, then we must say these things out loud. And we must say them with real language (Wade, as cited in Siebers, 2001, p. 747).

These passages are from disability rights activist, author, and poet Cheryl Marie Wade as written in the March/April 1997 edition of *Ragged Edge Magazine* and as cited in Siebers' (2001) journal article "Disability in theory: From social constructionism to the new realism of the body." Wade exemplifies "these blunt, crude realities" of the human body that have been glaringly absent from Critical Disability Studies' literature (and discussion) on how to improve access and opportunities for persons with disabilities. Perhaps, Critical Disability Studies has unintentionally or unknowingly adopted "this culture's rules and values [that] distance us [both persons with and without disabilities] from the realities of our own bodies in all their glorious imperfection." In turn, the adoption of these values may explain the disavowal of the body as a source of inquiry within our nascent field. However, the effect has been that persons with disabilities have been rendered as "disembodied" entities when the irony is that any change in embodiment shifts one's subjectivity. This is quite telling considering that, from a material point of view, all I or anyone else has in this world is a body. What is salient at this juncture is that Wade has noted that the realities of the body are "uncontrollable, unwieldy, messy, [and] smelly" and have been "usually disguised in generic language or gimp humor." Her call to arms is that "we must say these things out loud" using "real language" so as to ensure that people with disabilities are "to be really at home in the world" and in their own bodies. While not articulated as such by Wade, one can infer

that there needs to be what Davis Halifax refers to as a “corporeal disability discourse” that allows disability theory to be grounded in the real and raw experiences of embodiment, and that this discourse would aid the project of full inclusion for people with disabilities (Davis Halifax, personal communication, Dec. 17, 2009).

The actuality of human bodies (and minds) as being uncontrollable is self-evident when Garland-Thomson (1997) analyzed the rhetoric of Emerson’s 1847 “*Self-Reliance*” as part of her discussion of the “disabled” figure, and how the ideology of liberal individualism is predicated “upon a body that is a stable, neutral instrument of the individual will” (p. 42). Briefly, Garland-Thomson (1997) articulated the 19th-century egalitarian ideal whereby each citizen was viewed as a “microcosm of the nation as a whole. A well-regulated self thus contributes to a well-regulated nation” (p. 42). This is primarily where the concept of disability becomes problematic. The body was viewed as a vehicle whereby individuals could achieve success on their own terms. However, Garland-Thomson (1997) noted that a “disabled body” challenged such notions because

the disabled body stands for the self gone out of control, individualism run rampant: it mocks the notion of the body as compliant instrument of the limitless will and appears in the cultural imagination as ungovernable, recalcitrant, flaunting its difference as if to refute the fantasy of sameness implicit in the notion of equality (p. 43).

The reality is that no human body or mind (regardless of disability) is “a compliant instrument of the limitless will,” despite the rhetoric of liberal individualism predicated that all citizens are meant to be economically self-sufficient and independent in thought and action. This ideology is premised on the belief that people can do whatever they want to do (such as climbing Mount Everest or being a star basketball player) as long as they put their minds to or will themselves to accomplishing the task at hand. Furthermore, the rhetoric employed by this ideology intentionally renders any disability as a character flaw as espoused by the failure of one’s “limitless will” to make his or her body and/or mind a compliant instrument. As Crow (1996) expertly notes, this adherence to the ideology of liberal individualism with respect to bodies and minds runs the “risk [of] a world which includes an ‘elite’ of people with impairments” (p. 210), or what is more commonly referred to as “SuperCrips” that ultimately excludes the vast majority of people with disabilities as being viewed rightfully as rights-holders.

Although Wade uses “deeply personal” language to describe “these blunt, crude realities,” as well as the frailties and vulnerabilities of the human body, the language that she employs is also political in nature. While some theorists such as Siebers (2001) superficially describe Wade’s work as commenting on the “struggle [for people with disabilities] to maintain some portion of equality with their caregivers” (p. 747), Wade’s work is much more useful in shattering the public/private divide whereby personal experiences of disability are being politicized instead of being generally relegated to the private side of the divide. As such, Wade has articulated that the need for assistance required by persons with disabilities for bodily hygiene and personal care is not an unspeakable private matter to be discussed in hushed tones behind closed doors, but a public matter in what Morris (2001) describes as the need for an “ethics of care that promotes human rights” (p. 1) that allows for people with disabilities to exercise

ownership over their lives through the expression of individual choices and preferences. Interestingly, Thomas (1999) has indicated that “[i]n Disability Studies, such a [public/private] distinction sustains the view that some ‘personal’ issues to do with living with either disability or impairment effects are ‘private’ matters which should not be foregrounded by the disability movement” (p. 74). The most compelling example of this public/private distinction within disability studies arises when noted theorist Oliver (1996a) explains that “disability is wholly and exclusively social...disablement has nothing to do with the body. It is a consequence of social oppression” (pp. 41–42). Definitions for the terms *disability* and *impairment* will follow in the next section of this paper.

As such, this paper is an attempt to take up Wade’s call to arms by questioning the exclusion of “the body” from the social model of disability (and subsequently from the field of Critical Disability Studies) and giving voice to what Crow (1996) has referred to as a “return to impairment” (p. 209) as a means of renewing the social model of disability. Therefore, the basis of my research essay will include the following: (1) an overview of the work done by a number of academics (namely Crow, 1996; Morris, 1996; Thomas, 1999) in their attempts to generate discussion within academia and the disability rights movement about how the social model of disability has denied the significance of impairment in both disability theory and in the material impact on the daily lives and experiences of persons with disabilities; and (2) an overview of the backlash that these academics have encountered from other academics and leaders in the disability rights movement (namely Finkelstein, 2001; Oliver, 1996a) over such attempts. Interwoven within these theoretical discussions, other academics have grappled with these questions and have alternatively argued that the debate between disability and impairment is redundant considering that able-bodiedness is an unattainable state (Inahara, 2009). Others have called for the abandonment of the social model of disability altogether (Shakespeare & Watson, 2001). In addition, Schriempf (2001) and Wendell (2001) have each respectively critiqued Crow’s (1996) work. Wendell supports Crow’s acknowledgment of the impact of chronic illnesses whereas Schriempf dismisses it by claiming there is “no room for impairment in the social model except as a meaningless biological foundation” (p. 65).

Disability versus Impairment and the Return of Impairment

Briefly, the Union of the Physically Impaired Against Segregation (UPIAS) in 1976 formulated a definition of impairment as “lacking all or part of a limb, or having a defective limb, organ or mechanism of the body” and a definition of disability as “the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from the mainstream of social activities” (as cited in Oliver, 1996b, p. 22). In other words, impairment is merely a term to describe supposedly abnormal bodily characteristics, whereas disability is a socially constructed phenomenon of exclusion that is predicated upon a bodily difference.

Quite a number of academics have questioned the exclusion of the body from the social model of disability (Abberley, 1987; Crow, 1996; Hughes & Patterson, 1997; Morris, 1991; Morris, 1996; Price & Shildrick, 2002; Thomas, 1999). Both Morris (1991) and Wendell (2001) separately note that this exclusion resulted from attempts within the

disability rights movement to assure and comfort persons without disabilities that disability is not a contagious illness because illnesses were (and still are) conflated with impairment. This exclusion was also an attempt to counter false and misleading perceptions that life with a disability is a life full of pain, suffering, and misery. This resulted in people with disabilities downplaying the “blunt, crude realities” of the human body for fear that upon learning about the negative aspects of living with a disability, those without disabilities would say, “There you are then; we always knew that your lives weren’t worth living” (Morris, 2001, p. 10).

Furthermore, Wendell (2001) noted that there are appreciable material consequences because “[t]hose people with disabilities who can best approximate the activities and appearance of nondisabled people (that is, those who can make others forget they are disabled) will be allowed to participate most fully in the activities of their society” (p. 22). Tellingly, Tighe (2001) in her qualitative study on the meaning of health and disability for women with physical disabilities found that the women in her study felt tremendous societal pressure to “mould” their bodies (and health status) to that of able-bodied standards and expended a significant amount of both physical and psychic energy in the pursuit of such standards. Not surprisingly, some of the women in Tighe’s (2001) study internalized this societal pressure and experienced negative consequences such as burn-out and lowered self-esteem when a lack of energy prevented some of them from being as productive and efficient as they thought was necessary. As such, this has led to several academics (Crow, 1996; Morris, 1991; Morris, 1996; Thomas, 1999) to call for the social model of disability to be revised to include discussions of the reality of a human body with impairment.

British feminist and disability rights activist Liz Crow (1996) has been at the forefront of this discussion with her call for a “return to impairment” as a means of renewing the social model of disability. Crow’s (1996) work is significant (and therefore needs to be discussed at length) in that she critiques a priori “the silence” about impairment within the disability rights movement:

Our insistence that disadvantage and exclusion are the result of discrimination and prejudice, and our criticism of the medical model of disability, have made us wary of acknowledging our experiences of impairment. Impairment is safer not mentioned at all. This silence prevents us from dealing effectively with the difficult aspects of impairment. Many of us remain frustrated and disheartened by pain, fatigue, depression and chronic illness, including the way they prevent us from realizing our potential or railing fully against disability (our experience of exclusion and discrimination); many of us fear for our futures with progressive or additional impairments; we mourn past activities that are no longer possible for us; we are afraid we may die early or that suicide may seem our only option; we desperately seek some effective medical intervention; we feel ambivalent about the possibilities of our children having impairments; and we are motivated to work for the prevention of impairments. Yet our silence about impairment has made many of these things taboo and created a whole new series of constraints on our self-expression (pp. 209–210).

What is refreshing about Crow's (1996) work is that she acknowledges the fact that not all disabilities are fixed or stable entities, and that certain disabilities are progressive in nature or are compounded by the aging process resulting in additional bodily restrictions. This lends support to Price and Shildrick's (1998) position that impairments are "always provisional and insecure, never entirely distinct" (p. 236) and to Williams and Busby's (2000) position that the social model of disability ignores "bodily change and decay" that is inherent to all humans.

Furthermore, Crow (1996) in her attempt to break the silence surrounding impairment articulates a call for a "return to impairment." Her argument is as follows:

The perception of impairment as personal tragedy is merely a social construction; it is not an inevitable way of thinking about impairment. Recognizing the importance of impairment for us does not mean that we have to take on the non-disabled world's ways of interpreting our experience of our bodies. In fact, impairment, at its most basic level, is a purely objective concept which carries no intrinsic meaning. Impairment simply means that aspects of a person's body do not function or they function with difficulty. Frequently this is taken a stage further to imply that the person's body, and ultimately, the person, is inferior. However, the first is fact; the second is interpretation. If these interpretations are socially created then they are not fixed or inevitable and it is possible to replace them with alternative interpretations based on our experience of impairment rather than what impairments mean to non-disabled people (p. 211).

In other words, Crow (1996) has made the argument that impairment, like disability, is a social construction that is inherently neutral or value-free, but subsequently receives a negative connotation that then devalues the body (and life) of a person with a disability. Moreover, while she acknowledges that impairment is a biologically given fact, she argues that the negative connotation assigned to such a fact is merely an interpretation that can be altered by allowing persons with disabilities the opportunity to express what the experience of impairment means to them instead of allowing persons without disabilities to form erroneous conclusions about impairment. Ultimately, as noted previously, the central tenet of Crow's (1996) argument is that the reluctance on the part of the disability rights movement to address issues of impairment undermines both the relevance and utility of the social model of disability for a significant portion of people with disabilities, namely women with disabilities. Morris (2001) elucidates this point when she indicates that

...we have sometimes colluded with the idea that the "typical" disabled person is a young man in a wheelchair who is fit, never ill, and whose only needs concern a physically accessible environment. In fact, the largest group of disabled people are those with learning difficulties (that is, cognitive impairments), and most disabled people with a physical impairment are women, are over the age of 60, have a chronic or progressive condition such as arthritis or multiple sclerosis, and feel unwell a lot of the time, and if they use a wheelchair they only do so occasionally (p. 9).

Also, Crow (1996) has noted that in the United Kingdom the “the most common cause of impairment amongst women is a chronic condition, arthritis, where the major manifestation of impairment is pain” (p. 221). In addition, Wendell (2001) has noted that “pain and/or fatigue are major sources of impairment in many chronic illnesses that are more common in women than in men, including rheumatoid arthritis, fibromyalgia, lupus, ME/CFIDS [myalgic encephalomyelitis/chronic fatigue immune dysfunction syndrome], migraine headache, MS, and depression” (p. 24). What is fascinating to note is that this reluctance to address issues of impairment highlights (a previously unknown tension within the supposedly unified disability rights movement on a gender axis. Men with disabilities are more concerned with focusing on “disabling” external barriers such as unequal access and negative attitudes at the expense of the personal (and bodily) experiences of impairment, which is a concern for women with disabilities. The salience of such a tension on a gender axis is brought home when Wendell (2001) argues that while men with disabilities also experience the effects of impairment, “attempting to ignore impairment in disability politics may alienate or marginalize more women than men” (p. 24). Morris (1996) argues that this tension is the result of

...the prominence of men within the disabled people’s movement, and their general reluctance to talk about feelings, [which] has made it difficult to move beyond this rather simplistic version of the social model. As one woman said, “The emphasis has been on how it is society out there that disables us and we have developed a culture whereby we cannot talk about our individual pain and loss. It seems to me that we need to reclaim that it is okay to talk to each other about these things” (p. 14).

There are quite a number of issues emanating from the above paragraph that deserve discussion here. The first point is to acknowledge is that women with disabilities may experience impairment differently than men with disabilities, and that the current formulation of the social model of disability does not take this difference into consideration. As Morris (2001) noted above, this failure to take into consideration the difference in the experience of impairment between men and women with disabilities is a result of the stereotypical portrayal of a person with a disability as a fit, young man in a wheelchair. In other words, this stereotype of a person with a disability fits into Wendell’s (2001) categorization of someone who is “healthy disabled” (p. 19) versus someone who is categorized as “unhealthy disabled.” Wendell (2001) defines healthy disabled people as those

...whose physical conditions and functional limitations are relatively stable and predictable for the foreseeable future. They may be people who were born with disabilities or people who were disabled by accidents or illnesses later in life, but they regard themselves as healthy, not sick, they do not expect to die any sooner than any other healthy person their age, and they do not need or seek much more medical attention than other healthy people (p. 19).

Therefore, one can make the argument that the founding leaders of the disability rights movement (men with disabilities) accepted the ideology of liberal individualism

predicated upon a notion of a healthy disabled person (a young healthy male wheelchair user) as the cornerstone of the social model of disability and as a means of avoiding the conflation between disability and ill health among persons without disabilities. This allowed for a focus on the elimination of structural barriers and the use of adaptive technology so that healthy persons with disabilities could do anything they set their minds to as long as they subsumed their bodies “as compliant instruments of the limitless will.” As such, most people with disabilities would never fall into the category of healthy disabled, and they may then be excluded from the disability rights movement by being viewed as a person with a chronic illness in need of medical treatment and services instead of being viewed as a person with a disability who only needs a physically accessible environment. The reality is that the social model of disability only posits disability as a fixed or stable category, thus ignoring the fluidity and episodic nature of some disabilities that can vary in duration and severity. Lastly, this exclusion is also carried over into the academic realm. For example, Pinder (1995, 1996) completed detailed case studies of two women with arthritis to understand how their experiences of impairment affected their labour market participation, only to have her work casually dismissed by Shakespeare & Watson (1997) as “illness narratives,” which is quite telling considering the high unemployment (or underemployment) level of persons with disabilities. One wonders if the response would have been different if the case studies had instead been completed on young men with spinal cord injuries navigating the labour market instead of on two women with arthritis.

As the word “impairment” has been excluded as a source of inquiry within Critical Disability Studies discourse, so the word “pain” has also been excluded from any debate and discussion. This exclusion is especially telling in consideration of Crow’s (1996) notation above that “the major manifestation of impairment is pain.” However, even among academics such as Crow and Morris, who raise the issue of impairment within the disability rights movement, the experience of pain is only duly noted in passing and usually refers to psycho-emotional pain, and not physical pain. Siebers (2001) is refreshingly candid when he declares that

...the greatest stake in disability studies at the present moment is to find ways to represent pain and to resist current models that blunt the political effectiveness of these representations. I stress the importance of pain not because pain and disability are synonymous but to offer a challenge to current body theory and to expose to what extent its dependence on social constructionism collaborates with the misrepresentation of the disabled body in the political sphere (p. 743).

Furthermore, Siebers (2001) discusses the impact of physical pain and how it

...hovers over innumerable daily activities, whether the disability is painful in itself or only the occasion for pain because of the difficulty of navigating one’s environment. The great challenge every day is to manage the body’s pain, to get out of bed in the morning, to overcome the well of pain that rises in the evening, to meet the hundred daily obstacles that are not merely inconveniences but occasions for physical suffering (pp. 744–745).

With that said, Siebers's (2001) article is disappointing. Although he articulates the need "to find ways to represent pain and to resist current models that blunt the political effectiveness of these representations," he misses the opportunity in his article proper to advance alternatives that would reconcile the relationship between pain and disability. Instead, Siebers (2001) relegates this opportunity to a footnote that reads

Pain is a notoriously complex issue in disability studies. On the one hand, a focus on pain risks describing disability as if it were related exclusively to the physical body and not to social barriers, suggesting that disability is only and always about physical limitation. On the second hand, people with disabilities often complain that the social construction argument denies the pain of impairment and suggests that it can be overcome simply by changing cultural attitudes. On the third hand, some people with disabilities are not in physical pain and dispute the association between pain and disability. A politically effective theory of pain needs to mediate between these three alternatives (p. 752).

Clearly, Critical Disability Studies as a nascent field needs to take back the body as a source of inquiry by discussing issues such as impairment and pain. Discussing these issues would help fulfill Siebers's (2001) call for "a politically effective theory of pain" that would take into account all of the differing perspectives within the disability rights movement. Perhaps, developing a "corporeal disability discourse" as discussed earlier in this paper would aid in this endeavour.

The Backlash and Ensuing Confusion

What is fascinating to note is that not only did Crow and Morris receive a tremendous backlash from the disability rights movement and academia for their ideas, but that this backlash also occurred on a gender axis, where for the most part, men with disabilities were exceptionally vocal in their opposition to their ideas of exploring the personal experiences of impairment. In particular, Vic Finkelstein and Michael Oliver were the most vocal in their criticism, and one can infer that they may have viewed any criticism of the social model of disability as an attack not just on the social model theory, but also as a personal attack. Thomas (2004) notes that "Finkelstein's name is closely connected to the establishment of the social model of disability, though, as he reminds us, it was the sociologist Mike Oliver who took up the ideas of UPIAS—the organisation of disabled people founded by Finkelstein and Paul Hunt, among others, in the mid-1970s—and encapsulated them in the notion of 'the social model of disability'" (p. 571). In response to the work of both Crow and Morris, Finkelstein (2001) acknowledged that an impairment is a prerequisite for a disability, but he maintained the position that the severing of any relationship between the two was necessary because "[d]isability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society" (p. 1). Furthermore, one can infer that Finkelstein (2001) favours maintaining the public/private distinction about the personal experiences of impairment, whereby certain "negative" aspects associated with impairment are relegated to the private side of the divide. He opines:

...[t]he agreed UPIAS interpretation was that, although it may be a *tragedy* to have an impairment, it is *oppression* that characterises the way our society is organised so that we are prevented from functioning. In other words, at the personal level we may talk about acquiring an impairment as a personal tragedy, but at the social level we should talk about [how] the restrictions that we face are, and should be interpreted as, a crime (p. 2, emphasis in the original).

As such, Finkelstein (2001) acknowledges that impairments sometimes may be viewed as a tragedy for an individual, but he is adamant that the personal experiences of impairment should remain private matters, unless it advances broader social change, in which case openly sharing or disclosing the difficulties associated with an impairment is acceptable.

As previously noted above, Oliver (1996a) expresses the same position as Finkelstein when he explains that “disability is wholly and exclusively social...disablement has nothing to do with the body. It is a consequence of social oppression” (pp. 41–42). Furthermore, Oliver (1996a) is of the opinion that the effects of impairment such as “pain, medication and ill-health properly belong within either the individual [medical] model of disability or the social model of impairment” (p. 49) and that impairment has no association or value within the social model of disability. Morris’ (2001) response to Oliver’s assertion that disability is a consequence of social oppression is that “[w]e share a lot with other civil rights movements, but our form of oppression has a unique characteristic: it is not inherently distressing to be Black or a woman or gay, while it may be to experience an impairment” (p. 9), and that this unique characteristic needs to be taken into consideration in disability theory and activism.

The debates and discussions about impairment and the social model of disability between Crow and Morris versus Finkelstein and Oliver has had the effect of creating confusion about the theoretical foundation of Critical Disability Studies. For example, the debates and discussions have led Marks (1999) to ask the following hard questions (to which she has no definitive answer): “Has this work functioned to deflect attention away from disabling social structures? Do personal accounts only describe how things are, rather than help us to develop of critical perspective on how things could and should be? To what extent should personal accounts be seen as competing with social analysis?” (p. 613). More recently, Inahara’s (2009) take on the disability versus impairment debate is that

...[w]e cannot debate whether the body or social arrangements are primarily the cause of disability when the category of ‘the disabled’ itself needs to be called into question. The concept of disability does not exist separately from that of ability. Physical disability is enveloped within the able-bodied, and is reduced to a position of weakness, of lack. It is defined as what the able-bodied is not. ... I maintain, therefore, that all people are represented by only one body, the able body, and that physical disability cannot be defined except as the supposed opposite of the mythical able-bodied (p. 52).

In other words, Inahara’s (2009) argument is that the disability versus impairment debate is redundant considering that able-bodiedness is an unattainable mythical state,

and that the focus of any future discussions should centre on the creation of “ability” and being “able-bodied,” similar to the work of critical race theorists who are devoting attention to “whiteness” and the privileges associated with being “white”.

Ironically, while Shakespeare and Watson in 1997 were critical of Pinder’s work in their defence of the social model of disability, by 2001 they had changed their minds and called for the abandonment of the social model of disability all together. Their main argument then became

...we believe that the ‘strong’ social model itself has become a problem, and that it cannot be reformed. Our claim is that the British version of the social model has outlived its usefulness. Rather than developing piecemeal criticisms or supplying alternative arguments to fill the gaps and compensate for the inadequacies of the social model, it is time to put the whole thing to one side and start again (pp. 13–14).

Furthermore, Shakespeare and Watson (2001) argued that “[p]eople are disabled both by social barriers and by their bodies. This is straightforward and uncontroversial. The British social model approach, because it ‘over-eggs the pudding’, risks discrediting the entire dish” (p. 17). In other words, Shakespeare and Watson (2001) acknowledged that the separation of impairment from disability was problematic primarily on the grounds that impairments (and by extension bodies) have an impact on how one experiences a disability. Lastly, Shakespeare and Watson (2001) provided a nuanced approach when they noted that disability is the result of a multitude of factors:

Impairment and disability are not dichotomous, but describe different places on a continuum, or different aspects of a single experience. It is difficult to determine where impairment ends and disability starts, but such vagueness need not be debilitating. Disability is a complex dialectic of biological, psychological, cultural and socio-political factors, which cannot be extricated except with imprecision (p. 22).

The position that Shakespeare and Watson (2001) take is similar to that espoused by Morris (2001) when she discusses the difficulty and danger of teasing apart impairment and disability: “It is difficult because it is not always obvious what restrictions are caused by impairment and what by disability, and dangerous because to articulate any negative feelings about our experiences of our bodies may be to play into the hands of those who feel that our lives are not worth living” (p. 9). In addition, Crow (1996) recognizes the danger of her call for the return of impairment when she states that she shares “the concerns expressed by some disabled people that some of the arguments I have put forward here could be used out of context to support the medical model of disability, to support the view that the experience of impairment is nothing but personal tragedy” (p. 222).

Lastly, Crow’s (1996) work has been critiqued by Schriempf (2001) as problematic because she claims that there is “no room for impairment in the social model except as a meaningless biological foundation” (p. 65). With that said, Schriempf (2001) does acknowledge that there is a “radical potential...in trying to change the

terms of the social model without changing its thinking. To talk about impairment, to acknowledge its negative and its advantageous experiences, to make it visible, means acknowledging more than its role as a building block in the social construction of disability” (p. 63). Therefore, the ideal solution is to incorporate impairment into the social model without changing or altering its underlying purpose. However, Schriempf (2001) discusses at length why Crow’s (1996) work is ultimately unsuccessful when he states

Although there is a radical potential in Crow’s move toward a renewed model that reinstates impairment to an equivalent if not foregrounding role with disability, it cannot accomplish the full inclusion of people with disabilities any more than the social model can.... Because Crow’s renewed model does not examine and challenge the implications inherent in the term “impairment” as “biologically factual,” it does not succeed in addressing the complex relations of biology and social construction within the concepts of impairment and disability. The position here is that impairment is a biological given, a “meaningless” fact upon which disability, the social construction, is built. This is no different from the premises of the traditional social model (p. 63).

Conclusion

The work by Crow and Morris has generated significant debate and discussion within the disability rights movement and academia, but the result has been confusion on how to advance the goal of full societal participation of people with disabilities in the 21st century. While one can make the argument that both Crow and Morris are reformers with their ideas on how to expand the social model of disability to include impairment (and by extension to include “all of the lives” of people with disabilities), the position espoused by Schriempf that Crow’s work is unsuccessful and that including impairment cannot accomplish anything more than the existing social model of disability is unhelpful and discouraging. Shakespeare and Watson’s (2001) position to abandon the social model of disability outright is equally unhelpful and discouraging, especially considering that both Crow and Morris have indicated the value of the social model of disability in providing a theoretical framework for people with disabilities to confront societal discrimination and oppression. Perhaps, a way forward is to return back to the words of Cheryl Marie Wade and her call to arms that “real language” must be used to talk about “these blunt, crude realities” of the human body and that “we must say these things out loud” so as to ensure that people with disabilities are “to be really at home in the world” and in their own bodies. This aim will succeed only when the field of Critical Disability Studies, in the form of a corporeal disability discourse, begins talking about and researching issues such as impairment, embodiment, and pain as a source of serious inquiry.

References

- Abberley, P. (1987). The concept of oppression and the development of a social theory of disability. *Disability, Handicap and Society*, 2, 5–19.
- Crow, L. (1996). Including all of our lives: Renewing the social model of disability. In J. Morris (Ed.) *Encounters with strangers: Feminism and disability* (pp. 206–226). London, UK: The Women's Press.
- Finkelstein, V. (2001, December 1). The social model of disability repossessed. The Disability Studies Archive UK, Centre for Disability Studies, University of Leeds. Retrieved from <http://www.leeds.ac.uk/disability-studies/archiveuk>
- Garland-Thomson, R. (1997). *Extraordinary bodies: Figuring physical disability in American culture and literature*. New York: Columbia University Press.
- Hughes, B., & Patterson, K. (1997). The social model of disability and the disappearing body: Towards a sociology of impairment. *Disability & Society*, 12, 325–340.
- Inahara, M. (2009). This body which is not one: The body, femininity and disability. *Body & Society*, 15, 47–62.
- Marks, D. (1999). Dimensions of oppression: Theorising the embodied subject. *Disability & Society*, 14, 611–626.
- Morris, J. (1991). *Pride against prejudice: Transforming attitudes to disability*. London, UK: The Women's Press.
- Morris, J. (1996). Introduction. In J. Morris (Ed.). *Encounters with strangers: Feminism and disability* (pp. 1–16). London, UK: The Women's Press.
- Morris, J. (2001). Impairment and disability: Constructing an ethics of care that promotes human rights. *Hypatia*, 16, 1–16.
- Oliver, M. (1996a). Defining impairment and disability: Issues at stake. In C. Barnes, & G. Mercer (Eds.). *Exploring the divide: Illness and disability* (pp. 29–54). Leeds, UK: The Disability Press.
- Oliver, M. (1996b). *Understanding disability: From theory to practice*. London, UK: Macmillan.
- Pinder, R. (1995). Bringing back the body without the blame: The experience of ill and disabled people at work. *Sociology of Health and Illness*, 17, 605–631.
- Pinder, R. (1996). Sick-but-fit or fit-but-sick? Ambiguity and identity in the workplace. In C. Barnes & G. Mercer (Eds.). *Exploring the divide: Illness and disability*. (pp. 135–156). Leeds, UK: The Disability Press.
- Price, J., & Shildrick, M. (1998). Uncertain thoughts on the dis/abled body. In M. Shildrick & J. Price (Eds.), *Vital signs: Feminist reconfigurations of the biological body*. (pp. 224–249). Edinburgh, UK: Edinburgh University Press.
- Price, J., & Shildrick, M. (2002). Bodies together: Touch, ethics and disability. In M. Corker & T. Shakespeare (Eds.), *Disability/postmodernity: Embodying disability theory*. (pp. 62–75). London, UK: Continuum.
- Schriempf, A. (2001). (Re)fusing the amputated body: An interactionist bridge for feminism and disability. *Hypatia*, 16, 54–79.
- Shakespeare, T., & Watson, N. (1997). Defending the social model. *Disability & Society*, 12, 293–300.

- Shakespeare, T., & Watson, N. (2001). The social model of disability: An outdated ideology? In S. Barnartt & B. Altman (Eds.), *Research in social science and disability, Vol. 4: Exploring theories and expanding methodologies*. (pp. 9–28). Bingley, UK: Emerald Group Publishing.
- Siebers, T. (2001). Disability in theory: From social constructionism to the new realism of the body. *American Literary History*, 13, 738–754.
- Tighe, C. A. (2001). 'Working at disability': A qualitative study of the meaning of health and disability for women with physical impairments. *Disability & Society*, 16, 511–529.
- Thomas, C. (1999). *Female forms: Experiencing and understanding disability*. Buckingham, UK: Open University Press.
- Thomas, C. (2004). How is disability understood? An examination of sociological approaches. *Disability & Society*, 19, 569–583.
- Wade, C. M. (1997, March/April). Thoughts on the 'right to die with dignity'. *Ragged Edge Magazine*. Retrieved from <http://www.raggededgemagazine.com>
- Wendell, S. (2001). Unhealthy disabled: Treating chronic illnesses as disabilities. *Hypatia*, 16, 17–33.
- Williams, G., & Busby, H. (2000). The politics of disabled bodies. In S. J. Williams, J. Gabe, & M. Calnan (Eds.), *Health, medicine, and society: Key theories, future agendas* (pp. 169–185). London, UK: Routledge.